

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-042533

5457

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

FILED NOV 16 1962

1. PLACE OF DEATH

a. COUNTY JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN KANSAS CITY

Length of stay in 1b
17 DAYS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION VETERANS HOSPITAL

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI

b. COUNTY

c. CITY OR TOWN OSAGE BEACH

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
STAR ROUTE Bx 72

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

Middle

Last

MANASSAH

CATRON

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5-13-96

9. AGE (last birthday)

66 YEARS

10. IF UNDER 1 YEAR

Months Days Hours Min.

11. IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED SECTION FOREMAN

10b. KIND OF BUSINESS OR INDUSTRY

RAILROAD

11. BIRTHPLACE (City and state or country)

BRUMLEY, MISSOURI

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

HENRY L. CATRON

13b. MOTHER'S MAIDEN NAME

HARRIETT SEARS

14. NAME OF HUSBAND OR WIFE

ANNA O. CATRON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or no, or unknown) (If yes, give war or dates of service)

YES 4-1-18 to 6-3-19

16. SOCIAL SECURITY NO.

17. INFORMANT

VA HOSPITAL OFFICIAL RECORDS

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of the pancreas with widespread visceral metastasis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Healed myocardial infarction, posterior interventricular septum and left ventricle

DUE TO (c)

Coronary atherosclerosis with remote thrombosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. attended the deceased from October 12, 1962 to October 28, 1962 last saw him alive on October 28, 1962

Death occurred at 2:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

VIRILIO SANGALANG, M.D.

22b. ADDRESS

VA HOSPITAL, K.C., MO.

22c. DATE SIGNED

10-28-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

10-28-62

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

Camdenton, Mo.

24. FUNERAL DIRECTOR

Stine & McClure 3235 Gillham Plaza Kansas City, Mo.

25. DATE RECD. BY LOCAL REG.

10-28-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 16 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John Bohin
Licensed Embalmer No. 5035

P.O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.